

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041482

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

10634

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 10 yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last OTTO HERMAN GIRAUD		4. DATE OF DEATH Month Day Year Oct. 23, 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/9/1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cabinet maker		10b. KIND OF BUSINESS OR INDUSTRY wood working	9. AGE (last birthday) 62
11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Karl Giraud		13b. MOTHER'S MAIDEN NAME Wilhelmina Louipold	
14. NAME OF HUSBAND OR WIFE Anna Sensendorf		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) no	
16. SOCIAL SECURITY NO. 28		17. INFORMANT Mrs. Anna Giraud, 3524 Connecticut St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gastrointestinal bleeding, massive</i> DUE TO (b) <i>Esophageal varicosities</i> DUE TO (c) <i>Carcinoma of pancreas - metastases</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus. Arteriosclerotic heart dis.</i>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 157X	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>August 27, 1963</i> to <i>death</i> and last saw him alive on <i>October 22, 1963</i> Death occurred at <i>6:20 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph C. Anyman, M.D.</i>		22b. ADDRESS <i>3284 IVANHOE AVE.</i>	
22c. DATE SIGNED <i>10.24.63</i>		23. NAME OF CEMETERY OR CREMATORY <i>Our Redeemer Cemetery</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>10/26/63</i>	
23c. LOCATION (City, town, or county) <i>St. Louis County, Missouri</i>		23d. DATE RECD. BY LOCAL REG. <i>OCT 26 1963</i>	
24. FUNERAL DIRECTOR <i>BEIDERWIEDEN F.H. INC., 3620 Chippewa St.</i>		25. REGISTRAR'S SIGNATURE <i>Boad Smith, M.D.</i>	

Dr. Joseph C. Ungvuri,

3284 Ivanhoe Ave.

MI 5-2502

1-4 pm Thu. 6-8

1-4 Fri.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.